



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clacklor, Debra Date of Request: 6-21-04
ID # 159516 Date of Birth: 11-26-54 Location: D3-3B
Nature of problem or request: Abdominal pain, nausea and diarrhea

Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/21/04
Time: 8:37 AM PM
Allergies: Codine

RECEIVED		
Date:	<u>6/21/04</u>	
Time:	<u>8:37 PM</u>	
Receiving Nurse Initials	<u>AM</u>	

(S)ubjective:

I am experiencing ^{constipation} ~~diarrhea~~ feels like something needs to come out. seem like its hard in there that needs to come out.

(O)bjective

(V/S):

T: 98

P:

80

R:

18

BP:

116/68

WT:

166

(A)ssessment:

Inmate C/O hurting in abdomen ^{for 12 hrs} she had BM hard & 2. Had juice 7am.

(P)lan:

*① No more
② use meds as ordered
please encourage*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

RECEIVED
JUN 21 2004

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0168

PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 5/21/04 10:47 AM PM		ORIGINATING FACILITY JTP		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES Codeine		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.5		ORAL RECTAL		RESP. 18 PULSE 72 B/P 130/74	
NATURE OF INJURY OR ILLNESS S = About 6:00 PM, I started throwing up. @ side was hazy. Like someone was trying something in my side. O = VS assessed. See above. A = @ abdominal area @ soreness upon palpation. Dysphagia by lunch & dinner, last B.M. today.		ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
PHYSICAL EXAMINATION Sluggish bowel sounds. No bowel sounds. Nausea & vomiting. P = Clear lungs for 24 @ If symptoms persist for 24 @ E. Check food to see if green.					
		ORDERS / MEDICATIONS / IV FLUIDS Morphine 2 tsp po. Now		TIME 11:03 AM BY [Signature]	
DIAGNOSIS Abdominal Pain, Nausea/Vomiting					
INSTRUCTIONS TO PATIENT Clear liquid for 24 @					
DISCHARGE DATE 5/21/04 11:05 AM PM		RELEASE / TRANSFERRED TO Dorm		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 5/21/04		PHYSICIAN'S SIGNATURE [Signature]	
INMATE NAME (LAST, FIRST, MIDDLE) Clawson, Debra		DOC# 159516		DOB 11/26/54	
		R/S W/C		FAC. JTP	



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra Joyce Date of Request: 5-21-04
 ID # 159516 Date of Birth: 11-26-54 Location: 3-3.B
 Nature of problem or request: Pain in left side and stomach, Nausea, vomiting and feeling faint. Also having a reddish-brown discharge for the several days.

Debra Joyce Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5-21-04
 Time: 3:20 AM PM
 Allergies: Codine

<p>RECEIVED Date: <u>5-21-04</u> Time: <u>2:20</u> Receiving Nurse Initials <u>2</u></p>

(S)ubjective:

Cycle last Fm The 10th to 15th of May - After 9 days
 started heavy reddish brown Discharge - Started Feel Nauseous
 yesterday Vomited x3 - - - Soem like when the Discharges the Pain
 Lessens.

(O)bjective (V/S): T: 98.3 P: 58 R: 18 BP: 100/64 WT: 163

O₂ Sat 97 -
 Warming Aperty stable - a no signs of this time -
 Hmc no vomited but Feels Nauseous All day - And Feels Faint
 (A)ssessment: Hmc a P/Fault - Men 6/5 side - Soem + trouble
 Alleviate in Comfort.

(P)lan: Refer to ms ten.

q new Phlegm 25g.

Refer to ms ten.

Keep self hydrated - Use ice chips PRN

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No (x)

Was MD/PA on call notified: Yes () No (x)

Debra Joyce Clackler
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0170



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Clackler, Debra Joyce Date of Request: 5/9/04
ID # 159516 Date of Birth: 11/26/54 Location: D3-3B
Nature of problem or request: Toothache + swelling on left side of mouth.

Debra Joyce Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/10/04
Time: 9:41 AM PM
Allergies: Codine

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: Toothache

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: 1rr pulp-

Meds
Motrin 600mg (5)
Pen VK 500mg (7)

(P)lan: Ext on 5/27/04

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0171



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra Joyce Date of Request: 4/22/04
ID # 159516 Date of Birth: 11/26/54 Location: 3-3B
Nature of problem or request: Pain & swelling on left side near ribs

Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

<p>RECEIVED Date: <u>4-23-04</u> Time: <u>8:45 P</u> Receiving Nurse Initials <u>JYK</u></p>
--

(S)ubjective: Pain on (L) side

(O)bjective (V/S): T: 99.2 P: 64 R: 20 BP: 124/80 WT: 168

(A)ssessment: a mass felt on left side and under ribs in front. Soft mass - unnoticed until yesterday when a "pulling" was felt on (L) side.
No accident, I had no idea of any factor that affects this problem.

(P)lan: assessment
M.D. appt. made for Monday

Refer to: (MD)PA Mental Health Dental Daily Treatment Return to Clinic PRN.
CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

[Signature]
RECEIVED
APR 23 2004

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0172

Dental



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Clackler, Debra Joyce Date of Request: 3/31/04
ID # 159516 Date of Birth: 11/26/54 Location: 3-3B
Nature of problem or request: Tooth needs to be filled.

Debra Joyce Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/16/04
Time: 11:00 AM PM
Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: Cavity. Sensitive to hot/cold.

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: Irrev. pulp.

(P)lan: Possible ext on 4/22/04

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Rm

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

RECEIVED
MAR 31 2004



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra Joyce Date of Request: 2/16/04
 ID # 159516 Date of Birth: 11/26/54 Location: Dom 3 Bed 3B
 Nature of problem or request: Congestion in head and chest, Shortness of breath,
and spitting up yellowish phlegm.

Debra Joyce Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: <u>2/16/04</u></p> <p>Time: <u>8:45P</u></p> <p>Receiving Nurse Initials <u>788</u></p>
--

(S)ubjective: coughing up yellow mucous
nose dripping

(O)bjective W-169 P-42 B/P ¹³²/₈₀ T. 98.4

(A)ssessment: upper respiratory problem

(P)lan: meds -
m.d. Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Debra Joyce Clackler, RN
SIGNATURE AND TITLE

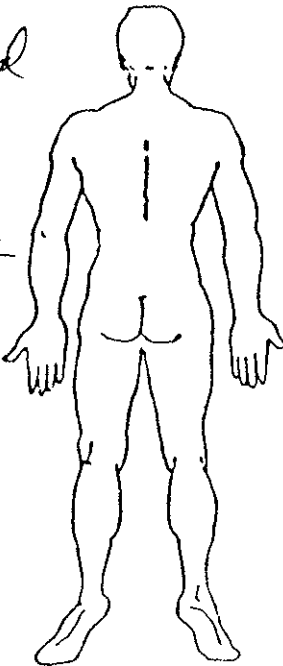
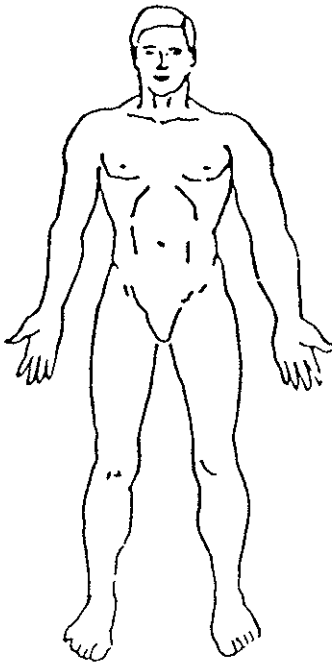
WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

gRn, NP
FEB 16 2004 2/17/04

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 8/2/03		TIME 7:20 AM		FACILITY Tut		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES Codeine				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.5 ORAL RECTAL				RESP. 20		PULSE 60 B/P 100/54	
NATURE OF INJURY OR ILLNESS				RECHECK IF SYSTOLIC < 100 > 50			
<p>S - Returned from breakfast & got up to go to pill line & became weak - lightheaded clammy - F&B Slep</p> <p>O - clammy - pale - unable to stand alone</p> <p>A - alt. comfort due to weakness</p> <p>P - give glucose tube & orange juice</p>				ABRASION/III		CONTUSION #	
				BURN XX		FRACTURE Z	
				LACERATION/		SUTURES	
							
ORDERS, MEDICATION, etc.							
E-T fluids - don't be in heat - rest today							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
RELEASE/TRANSFER DATE 8/2/03		TIME 7:30 AM		RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE NW Wilbanks		DATE 8/2/03		PHYSICIAN'S SIGNATURE J. Ryan, MD		DATE 8/2/03	
PATIENT'S NAME (LAST, FIRST, MIDDLE) Clackler Debra				AGE 48		DATE OF BIRTH 11/26/54	
				R/S W/F		AIS # 159516	

NaphCare, Inc.

Health Services Request Form

Inmate Name Debra Joyce Clackler Date of Request 3/2/2003
 AIS No. 159516 Date of Birth 11/26/54 Housing Loc. D2-B34B
 Nature of problem or request The cysts in my breast appear to be getting larger. Both my breasts are sore, swollen and extremely painful.

Sign here for consent to be treated by health staff for the condition described above. Debra Joyce Clackler

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "These places in my breast feel like they have changed"

025475-

Objective: BP 120/80 P 59 R 20 T 98.3 WT 168 #

U/S assessed. WNL. A cental dist-ess not. d status mass in left breast feels heavy; status Left breast very tender to touch.

Assessment: ① Alteration in contour NT poss cysts in breast

Plan: ① See MD

Refer to: PA/Physician Mental Health Dental

Education: ① Education on continued self breast exam given

Protocol used: (specify)

Signature Marie T. Wright Title MD Time 0250 Date 3-4-03

PHS0176

Inmate Name Debra Clackler Date of Request 2/9/03
AIS No. 159516 Date of Birth 11/26/54 Housing Loc. D-2 B-34B
Nature of problem or request I have an abscessed tooth and I have been in pain
all weekend. I need this tooth pulled immediately.

Sign here for consent to be treated by health staff for the condition described above. _____

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective:

Objective: BP _____ P _____ R _____ T _____ WT _____

PT O 2/26/03 @ 2:00

Assessment:

Plan:

Refer to: PA/ Physician Mental Health Dental

Education: _____

Protocol used: (specify)

Signature [Signature] Title D.G. Time _____ Date 2/10/03

Dental



HEALTH SERVICES REQUEST FORM

Print Name: Debra Joyce Clackler Date of Request: 11-24-02

ID#: 159516 Date of Birth: 11-26-54 Housing Location: 2

Nature of problem or request: I have a tooth ache and need to get the tooth pulled as soon as possible.

Debra Joyce Clackler
Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Rto 12-23-02

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: Bushy Title: D.A. Date: 11/25/02

Health Services Request Form

Print Name Debra Joyce Clackler Date of Request 10/29/02D No. 159516 Date of Birth 11/26/54 Housing Location D2-34BNature of problem or request The center of my right breast is getting hard and heavy in addition to the pain. My left breast is beginning to hurt also.Debra Joyce Clackler

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective my right breast is getting hard in center
et 2 one hurts et hurts under R armObjective BP 114/68 P 74 R 18 T 98.2 Wt 166
No tenderness to touch, no abnormal hardening
of breast noted @ this time, denies discharge
from breast's

Assessment

Breast painPlan Warm compresses as neededReferral to ☐ PA/Physician ☐ Mental Health ☐ DentalSignature [Signature] Title LPN Date 10-30-02

Health Services Request Form

ALABAMA DEPARTMENT OF CORRECTIONS

HEALTH SERVICES REQUEST

Print Name: Debra Clackler AIS# 159516 Date of Request: 9/8/02

Housing Location: Dorm 2 Bed 34-B

Nature of problem or request:

I have a lump, soreness, pain and swelling in my right breast.

I consent to be treated by health staff for the condition described.

Debra Clackler

Inmate Signature

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED LOCATION
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

SUBJECTIVE: RT. Breast sore and swelling x 1 day.
I have a lump RT breast.

OBJECTIVE: BP 126/72 P 88 R 20 T 99 wt 167

ASSESSMENT: I have no drainage, ch pain RT. Breast.
on top and on side of breast. Lump 8/30/02 -
also RT breast has been getting larger x 1 week.

PLAN: M.D. to review notes.

Referral

☐
☐
☐

None
Physician/PA
Other:

☐
☐

Mental Health
Dental

Staff Signature: Rene Runcie Date: 9/9/02 Time: 12:05

Inmate Name

AIS#

ALDOC Form 449-01

Needs breast exam

5 of 10

AR449 - September 25, 2001

PHS0180

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Clackler, Debra Date of Request: 12/28/01
ID#: 159516 Date of Birth: 11-26-54 Housing Location: 2-34B

Nature of problem or request: sinuses, face, eyes are swollen. Head
hurts so bad that I cannot stand the light. Nausea
and vomiting. I am very cold; may have temperature.

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: sinus pressure, headache no more
any more sinus pain

Objective: BP 100/70 88 R 70 T 98.4

no swelling noted @ this time in face or
around eyes, pain in throat and chest

Assessment: Headache x 2 days
sinus problem x 2 days
Plan: nasal spray x 2 no more nasal spray
@ this time state just on 12/28/01 am

Refer to: PA/Physician Mental Health Dental

Edgar can sheetgun for cold, headache; HCV

Signature: [Signature] Title: [Signature] Date: 12/30/01 Time: 12:30 AM

[Signature]

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Debra Clackley Date of Request: 11-5-01

ID#: 159516 Date of Birth: 11-26-54 Housing Location: 4-9T

Nature of problem or request: lower back pain, also cramps and
pulling sensation from lower back to right hip.

Debra J. Clackley
Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Lower Back Pain

Objective: BP 110/60 P 84 R 20 T 97 °

Cramps in pull from lower back to Rt hip
no tenderness or swelling noted in lower back
Assessment: Back pain x 4 weeks

Plan:

166/10

Refer to: PA/Physician Mental Health Dental

Signature: [Signature]

[Signature] Title: LPN

Date: 11/6/01 Time: 12:08 PM

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Debra Joyce Clackler Date of Request: 10/25/01

ID #: 159516 Date of Birth: 11/26/54 Housing Location: 4-9T

Nature of problem or request: I am still having lower back pain,
and it is getting worse, I would like to see the
doctor. (second Request)

I consent to be treated by health staff for the condition described.

Debra Joyce Clackler
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I'm having lower back ache
X 1 week.

Objective: BP 100/60 P 86 R 18 108 wt 164

Assessment: Lower back pain, hurts worse when
turning And standing, have sharp pain
when bending.
Plan:

Education given on back ache.

MD. to review notes

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Rose Dime Title: R Date: 10/26/01 Time: 4:40 PM

Eubank

int Name: Debra Clackler

Date of Request: 10-16-01

D# 159516

Date of Birth: 11-26-54 Housing Location Dorm 8 - 10T

Nature of Problem or Request: Rash on face and neck. Itches and seem to be spreading. I am also having pain in my lower back.

I consent to be treated by the Health Staff for the condition described.

Debra Clackler
SIGNATURE

PLACE THIS SLIP IN THE MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: climb back lower back pain
Rash to face ~~to~~ brown ant

Objective BP 120/80 P 90 R 20 T 98
no rash noted to face @ this time
no small brown spot to side of face.

Assessment: no rash x Ant known
no pain in lower back x 4 days

Plan:

M O T to New

[Signature]

Refer to: PA/Physician

Mental Health

Dental

Edwards street symposium

in Hall near Lisa 11/10/01 12:30

CORRECTIONAL MEDICAL EMS
HEALTH SERVICES REQUEST FORMPrint Name: Debra Clackler Date of Request: 8/2/00ID #: 159516 Date of Birth: 11/26/54 Housing Location: D6 B2-BNature of problem or request: Headache, nausea, vomiting, pain
and soreness in left ear. I would like to get my
blood sugar checked also.

I consent to be treated by health staff for the condition described.

Debra Clackler
SIGNATUREPLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I started getting soreness in @ ear et by
9 or so I got a bad HA, nauseated/vomiting.
Nausea et vomiting gone now, HA better now. Also
want BS, sometimes I get hot et nauseated then
I get cold

Objective: BP 112/68 P 72 R 20 T 97.8

Assessment: BS = 90, Ears clear, no redness or drainage
eyes clear, BPEARL. Abd soft, & distension
Plan: skin turgor good

BS-90 - Inmate education on N/V, HA
et earache given to inmate
MD to review

Refer to: PA/Physician Mental Health DentalSignature: [Signature] Title: UPN Date: 8-30-00 Time: 1255A

Print Name: Debra Clackler Date of Request: 2/16/00

ID# 159516 Date of Birth: 11/26/54 Housing Location 6-2B

Nature of Problem or Request: toothache

I consent to be treated by the Health Staff for the condition described.

SIGNATURE

PLACE THIS SLIP IN THE MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA
.....

HEALTH CARE DOCUMENTATION

Subjective:

Objective BP _____ P _____ R _____ T _____

Assessment:

Allergic: wdm

Plan:

RTCLM 3-22-W at 1300

Refer to: _____ PA/Physician _____ Mental Health X Dental

Signature: Conelton Title: PA Date: 2/17/00 Time: 11:25

Print Name: DEBRA CLACKLER Date of Request: 2/14/00

ID# 159516 Date of Birth: 11/26/54 Housing Location 6-2B

Nature of Problem or Request: filling came out of tooth

I consent to be treated by the Health Staff for the condition described.

Debra Clackler
SIGNATURE

PLACE THIS SLIP IN THE MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective BP _____ P _____ R _____ T _____

Assessment:

Allergic: Codine

Plan:

RT Can 320-00 at 2:30 PM

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

Signature: C. Melth Title: MA Date: 2/15/00 Time 11:25

**CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM**

DEBTA
Print Name: DEBRA CLACKLER Date of Request: OCTOBER 12, 1999
ID# 159516 Date of Birth: 11/26/54 Housing Location DORM 6 BED 2B
Nature of Problem or Request: TOOTH NEED TO BE EXTRACTED.

I consent to be treated by the Health Staff for the condition described.

Debra Clackler
SIGNATURE

PLACE THIS SLIP IN THE MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective BP _____ P _____ R _____ T _____

Assessment:

Allergic: codeine

Plan:

RT com 10-27-99 at 8:00 Ext

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

Signature: Chelton Title: PA Date: 10-12-99 Time: _____

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORMPrint Name: DEBRA CLACKLER Date of Request: 9/22/99D# 159516 Date of Birth: 11/26/54 Housing Location DORM 4 - 23BNature of Problem or Request: LOWER BACK PAIN

I consent to be treated by the Health Staff for the condition described.

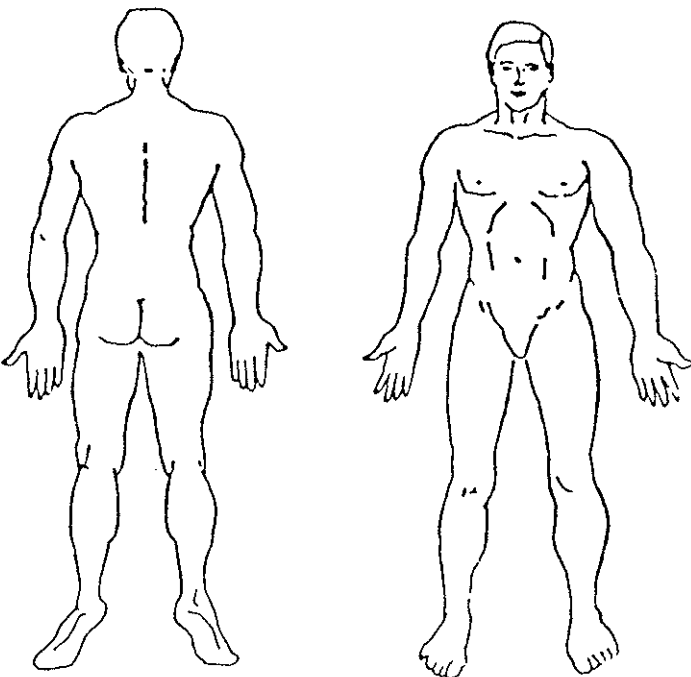
Debra Clackler
SIGNATUREPLACE THIS SLIP IN THE MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA
.....

HEALTH CARE DOCUMENTATION

Subjective: When I twist the lower part of my
back popped it sometimes when I squat
down it hurts. X 14 yearsObjective BP 100/66 P 68 R 18 T 97.8Assessment: ROM WNL @ this time, walks & steady
gait. Wants bottom back prodded
Plan: Immunate & vaccination sheet on back aches & give
given to inmate MD to reviewRefer to: ☐ PA/Physician ☐ Mental Health ☐ DentalSignature: Sharon Title: CPN Date: 9-23-99 Time 1222A

D. DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 7-18-99		TIME 10 ⁴⁰ AM	FACILITY JTP		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES Codeine			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98 ⁷		ORAL RECTAL	RESP. 18	PULSE 80	B/P 84/52	RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS S TO HCU go Nausea Vomiting and loose stools. X 2 started this AM.			ABRASION///	CONTUSION #	BURN ^{xx} _{xx}	FRACTURE ^Z _Z
			LACERATION/ SUTURES			
PHYSICAL EXAMINATION C. skin clammy, pale						
A Nausea & Vomiting						
ORDERS, MEDICATION, etc. Phenergan sup						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
RELEASE/TRANSFER DATE 1/1		TIME AM PM	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE		DATE	PHYSICIAN'S SIGNATURE [Signature]		DATE 7/19/99	CONSULTATION PHS0190
PATIENT'S NAME (LAST, FIRST, MIDDLE) Clackler Debra			AGE 44	DATE OF BIRTH 11/26/54	R/S WF	AIS # 159516

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Debra Clackler Date of Request: 3/10/99
ID #: 159516 Date of Birth: 11/26/54 Housing Location: Dorm 4 Bed 23B
Nature of problem or request: Swollen glands in left side of neck and
Cold sore and swelling on lip

I consent to be treated by health staff for the condition described.

Debra Clackler
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I have swollen glands on @ side of neck
& cold sore & swelling on lip

Objective: BP 110/60 P 80 R 20 T 97.8

noted slight swelling of @ side of neck @ this time
C/O sore throat

noted large cold sore to @ side of lip @ this

Assessment:

for swollen gland. 2 days

cold sore of @ side 3-4 days

Plan:

x 1 day

clinical gpt 3/12/99

Refer to: PA/Physician Mental Health Dental

inmate Educator sheet given for sore throat
Signature: [Signature] Title: ipr Date: 3/11/99 Time: 12:08 PM

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: DEBRA CLACKLER Date of Request: 8/16/98
ID #: 159516 Date of Birth: 11/26/54 Housing Location: EMC-A56B
Nature of problem or request: I am having pains in my left breast.

I consent to be treated by health staff for the condition described.

Debra Clackler
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: claim having pains in my (L) Breast

Objective: BP 90/62 P 58 R 20 T 97

pain on (L) side of chest at going to Breast
when moving arm pain goes to Breast, SOB
when having pain

Assessment:
pain in (L) Breast x 1 week

Plan:

clinical of pt 8/18/98

Eka
one

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: LPN Date: 8/18/98 Time: 2:00 PM

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Debra Clackler Date of Request: 10/1/95

16 Date of Birth: 11/26/54 Housing Location: 6

blem or request: Cold - runny nose, chills, swollen glands
es, sore throat, headache

treated by health staff for the condition described
Debra Clackler
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Debra J. Clackler Date of Request: 2-22-95
ID #: 159516 Date of Birth: 11-26-54 Housing Location: 9
Nature of problem or request: headache, dizziness and nausea

I consent to be treated by health staff for the condition described.

Debra J. Clackler
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I think I'm having inner ear trouble
I've had these same symptoms before. S/S x 2+
I want to get a wk. I feel like I'm going to
vomit.
Objective: BP 110/74 P 60 R 16 T 98.4
Reddened. c/o N/A and dizziness.

Assessment: Otitis Media

Plan: 1. Zyl 1/1 po TID x 30
2. Maalox 40cc TID x 30
3. Clinic appt. 2/24/95

B. Clackler
2-23-95

11

Refer to: PA/Physician Mental Health Dental

Signature: J. Barnes Title: LPN Date: 2/23/95 Time: 3:55

CORRECTIONAL MEDICAL SYSTEMS
HEALTH SERVICES REQUEST FORM

Print Name: Debra Clackler Date of Request: 2/12/95
ID #: 159516 Date of Birth: 11/26/54 Housing Location: Jorm 9
Nature of problem or request: flu-like symptoms, chills and sweats
alternately, headache, sore throat and earache

I consent to be treated by health staff for the condition described.

Debra Clackler
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I have 2 sore throat & 2 cold,
my ears hurt sometimes & my neck feels
swelled
Objective: BP 102/70 P 108 R 18 T 97.6

Assessment: Lymph nodes on neck soft & malleable
throat slightly reddened. No redness/potential in
ears
Plan: ears

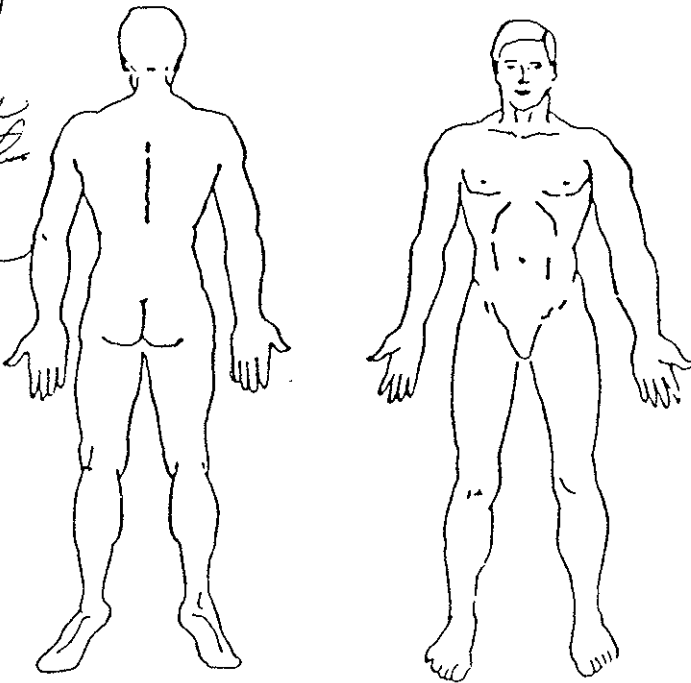
① Cold tx tid x 7 days
tylenol ii tid prn x 7 days

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: PA Date: 2/13 Time: 4:17pm

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 11/17/94	TIME 10:58 PM	FACILITY J47	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES Penicillin Codeine		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 97.4		ORAL RECTAL	RESP. 16	PULSE 60 B/P 122/80
NATURE OF INJURY OR ILLNESS I - I've had a H/A & throwing up since I woke up this A.M. O - Skin w/ D to touch. Color good. I have acute distress noted present. A - Attention, in comfort due to ch H/A, N/V.		ABRASION///	CONTUSION #	BURN XX XX
PHYSICAL EXAMINATION P - Rel. to doc p 4.		FRACTURE Z	LACERATION/ SUTURES	
				
ORDERS, MEDICATION, etc. 1. Phenergan 25 mg po now. 2. Advil 600 mg po now.				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT Sign up for sick call in no better tonight				
RELEASE/TRANSFER DATE 11/17/94	TIME 11:05 AM	RELEASE/TRANSFERRED TO DOC	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. Lewis	DATE 11/17/94	PHYSICIAN'S SIGNATURE M. H. H. H.	DATE 11/18/94	CONSULTATION PHS0196
PATIENT'S NAME (LAST, FIRST, MIDDLE) Clacker, Debra		AGE 39	DATE OF BIRTH 11/26/54	R/S W/A
		AIS # 159516		

DEPARTMENT OF CORRECTIONS
EMERGENCY/ (OTHER) TREATMENT RECORD

DATE <u>8/16/93</u> TIME <u>248</u> <u>AM</u> <u>PM</u>		FACILITY <u>TOT</u>		<input type="checkbox"/> EMERGENCY	
		<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> OTHER	
ALLERGIES <u>Cocaine</u>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COM.		
VITAL SIGNS: TEMP _____		ORAL _____ RECTAL _____		RESP. _____ PULSE _____ B/P <u>1</u>	
				RECHECK IF SYSTOLIC _____ <100 > 50	
NATURE OF INJURY OR ILLNESS <u>5" When I went to sleep and woke up today, the top 2 1/2" of my neck was hurt and I got a fever and started having chills. My lip is swollen real big.</u>			ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES		
PHYSICAL EXAMINATION <u>O - Left side of lip is swollen and has two pockets noted on it, (top upper lip).</u> <u>A - Camphor-phenique given to apply to lip. Tylenol tabs given for pain. Benadryl for swelling.</u> <u>PO Sign up on next call is not any better.</u>					
ORDERS, MEDICATION, etc. <u>Camphor-phenique given apply to lip Bid x 3D</u> <u>Tylenol tabs 1000 Tid qm x 5D</u> <u>Benadryl 25mg Tid x 3D.</u> <u>V.O. Dr. William C. Wilson</u>					
<div style="text-align: right; margin-right: 50px;"> <u>S.D.</u> <u>ABU</u> </div>					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
RELEASE/TRANSFER DATE <u>8/16/93</u> TIME <u>310</u> <u>AM</u> <u>PM</u>		RELEASE/TRANSFERRED TO <u>DOC</u> <input type="checkbox"/> AMBULANCE			
SIGNATURE <u>Wilson</u> DATE <u>8/16/93</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u> DATE _____		COI _____	
NAME (LAST, FIRST, MIDDLE) <u>Adler, Debra</u>		AGE <u>38</u>		DATE OF BIRTH <u>11/26/15</u>	

PHS0197

PHS0198

PATIENT NOTES / PHYSICIAN ORDERS

DATE		TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
4/3/96	11:20am		Prapped Jar Annual physical. L. B. Skin test R forearm. W. Carter RN			
4/5/96			Cholesterol Blood work drawn - Mendonca/PM			
4/5/96			EKG done J. West/PM			
9			Annual PM?			↓

PHS0199

INMATE NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	AGE	R/S	ID#
CLACKER, DEBRA		11/26/54	42	W/F	159516

F-41 REVISED 4/88

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
5/1/95	3:40	A. L. have migraine K/A's and nausea D - 100/80 - 97° - 10-20 Pain across forehead A.L. top of head Having some nausea. Eyes hurt. A.L. gets sick on stomach. Vomits x 2 A - All in Comfort P. M.D. turcotte Notes. R. Dunning	5/1/95	3:40	C. G. G. G. 1. Tylenol $\frac{1}{2}$ TID PRN x 70 days 2. m. d. i. n. 7 TID PRN x 90 days 16 May 95 J. G. G. G. 6/1/95
5/1/95	5:40	1. Cold - runny nose, chills, swollen glands, head aches, sore throat and L.A. x 7D O. 86/54 - 98.4 - 64 - 16 Throat swollen and reddened. Noted swelling glands. A. M. R. I. P. Order to - L. Dunning			1. Cold to TID x 7D 2. Throat Lozenges 1/11 PO TID x 7D 3. Cyl 1/4 PO TID PRN x 7D 3 Oct 3:10p M. R. - 2 - 95 B. Cooff
INMATE NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		AGE	R/S
Black, Debra		12/26/54		39	W/F
F-41 REVISED 4/88		ID#		159516	

PHS0200

PHS020X

PATIENT NOTES / PHYSICIAN ORDERS

[illegible]

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	Physician Orders
5/21/93	2pm	<p>Dr. A. Anaph.</p> <p>voiced no flu.</p> <p>O-110170-967-80-20</p> <p>TV PB hung to</p> <p>Present tubing. NO</p> <p>signs of infiltration</p> <p>to TV site. Upper</p> <p>lip less swollen,</p> <p>has a scab over</p> <p>lesion, dark colored.</p> <p>stated lip itches</p> <p>at times.</p> <p>A-Herpetic lesion</p> <p>Upper lip - TV therapy</p> <p>P. Cont. to observe</p> <p>R. Duneau</p>			Codeine
5/22/93	3pm	<p>TV PB Ancef</p> <p>500mg hung to</p> <p>Present line.</p> <p>O-NO infiltration</p> <p>to TV site. 500cc</p> <p>Dow left in dog.</p> <p>Less swelling to</p> <p>upper lip, C/O area</p> <p>itches.</p> <p>A-Herpetic lesion</p> <p>Upper lip -</p> <p>P. Cont. to observe.</p> <p>R. Duneau</p>			

PHS0203

INMATE NAME (LAST, FIRST, MIDDLE)

F-41 REVISED 4/88

DATE OF BIRTH

AGE

R/S

AD#

Clickler, Gloria

11/26

54

38

W/A

159516

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
8/21/93	8:00	Early am. noted @ 6am IV of 90cc 5% Dextrose in bag. Pul. note 5 s/s infiltration. 12M Ameg DUPB 500mg hung at connected to primary tubing. No c/o this shift. Voided q.s.			
		A. Pul. e Ameg s.o. as secondary for P.B. - alter- ation in comfort			
		R. Conn to observe - 8:00			
8/21/93	2-10	S- no c/o. D- T 97.7 P-80 R-20 B/p 110/70. 1 lip decreased in size. IV of 500mg of Ameg hung to primary tubing. IV note 5 infiltration.			
		A- 1000 cc of D5W hung @ 9:30.			
		P- Med. observations C. Wilson			

PHS0204

INMATE NAME (LAST, FIRST, MIDDLE)

Crawley, Alexia

DATE OF BIRTH

11/12/1954

AGE

38

R/S

W/S

ID#

159516

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
8/21/93	12 Am.	A - Voiced up to D - Ancef 500mg IV P.B. Connected to Present tubing I.V. site, patient c no signs of infiltration to left Fore Arm. A - Observation in Comfort P - Cont. to observe R. Duncan			
8/21/93	3pm	A - Awake D - 110/76 - 97 - 74 - 20 I.V. P.B. 500mg Ancef Connected to line. no signs of infiltration A - Observation in Comfort P - Cont to observe. Less swelling in upper lip. Has a large sore on lip EA thick dark blackish scab. R. Duncan			
8/21/93		A - I feel good. D - 6. 98/68 - 98 - 70 - 20. BP S - Swelling. Remains on bed rest in infirmary noted large Black scab area to T (2) lip. Cont.			
INMATE NAME (LAST, FIRST, MIDDLE)		Chacker, Albra	DATE OF BIRTH	AGE	R/S
		11/28/54	38	W/F	ID# 159516

PHS0205

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	Physician Orders
8/19/93		S. No Complaints			Codeine
		O. Lip is swelling down		8/20/93	
B/P	120/90	Med & meals accepted			
T.	98.8	IV 5% d/w infusing			Ment unimpaired
P.	80	I.V. site healthy			
Resp	18	of infiltration			
		A. Alteration in comfort			
		P. Const to Deserke			
		Olivia Ferrell			
8/20/93		S. J. full better			
		O. Swelling in lip			
		Assted. no change noted			
		Yarn opened on upper lip			
		New IV #22 started			
		② FA site no patient +			
		intact no redness or swelling			
		noted IV tubing also changed			
		400 W DSW to circuit			
		IV infusing at 100 mg/d			
		denied any discomfort			
		A. Alteration in comfort			
		u/T. temp opened on lip			
		P. Administered medical chemo			
		ABUIM			
		VS 120/84-98-52-20 & 90			
INMATE NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH			
Jacker, John		11/26/54			
AGE		R/S		ID#	
38		W/F		159516	

PHS0206

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS	
8-19-93	6:00 p	S = "I feel better. How long will I have this IV?" O = B/P 90/58 T 98.5° P 80-R20 Upper lip less swollen. one spot remains crusted. able to drink and eat. A = alteration in comfort. P = continue observation. H Merriweather Lpn			Cokeine	
8-22-93	8 p	S = None O = D5W. IV OK VD rate continues to irrigate (Harm) Ancef I gm. WPB connected to present tubing. A = Medicated as ordered. P = Continue present orders. H Merriweather Lpn L: B 400cc				
8/30/93	4:15a	S - awake + alert - No complaint. O - 110/70 T 97.0° P 88 R 18. No change. A - alteration in comfort - Alteration in self concept related altered body image/ Change. P - Continue to observe - S dipyr RN				
E (LAST, FIRST, MIDDLE)		Platter, Delia	DATE OF BIRTH	AGE	R/S	ID#
			11/26/57	38	WF	159516

PHS0207

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	Physician Orders
8/19/83	5:30	<p>S - I'm feeling much better.</p> <p>O - B/P 100/70 T-98.8 P-84 R-18.</p> <p>Upper lip remains swollen although feeling better.</p> <p>DW @ KVO notes in OAR.</p> <p>S. redness or swelling noted @ site. 100cc LTB.</p> <p>A - Medical observation.</p> <p>P - Continue to observe.</p>			
8/19/83	5:00	<p>S - NO complaints. Oral in good.</p> <p>O - B/P 90/50 T-98 P-80 R-20</p> <p>DW @ KVO improving @ +VU</p> <p>S V Site healthy no redness or irritation. Lip reduced in size since admit. Skin warm & dry. Color pale.</p> <p>A - Medical Observation</p> <p>P - Continue to observe.</p> <p>Chloro Penicillin 1000 mg 5% w/w</p> <p>Surgeon to Heart IV tubing infusing well.</p> <p>P. Penicillin</p>			

PHS0208

NAME (LAST, FIRST, MIDDLE)

4/88

Cocher, Debra

DATE OF BIRTH

11/26/54

AGE

38

R/S

WF

ID#

159516

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
8/18/03		S - NO complaints. O - BP ¹¹⁸ / ₇₀ T 96° P 72 Resp 18 Lip remains swollen. E. lesion present. Able to eat & take meds. 5% D ₅ W running @ KVO J.V. Dite healthy NO S/S of infiltration. PRN + pm IV P.B. C/obs to present looking as order. A - X-ray lesion & lip. P - C/obs to observe. Chivix Ferrell Jr			Codrine
8/18/03	5p	S = None O = BP ¹⁰⁰ / ₇₀ T 100° P 74 R 18 I.V. D5W continues to infuse in Rt arm per pump @ KVO rate. Ambulatory to restroom at intervals. Upper lip remains swollen A - Medical observation P - Continue to observe. L.R.B. 35 Dec K. Merrinweather Jr			

PHS0209

LAST, FIRST, MIDDLE

Clacker, Alebra

DATE OF BIRTH

11/26/54

AGE

38

R/S

WIA

ID#

159516

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
8/17/98		my mouth hurts D. Inmate admitted to HCU pharynx. 10 DSW WV started #22 amoxicillin WV (PA. Site 5 under O. swelling. 800 COTC at 9:45 pm Top lip w. swelling & blistered metronidazole given at 9:45 pm Amox 1 gram IVB given and ordered. A. cellular & herpes lesion of upper lip P. medical observation ABUllin Dictation VS 10/1/70 984-50-20 ABUllin			<i>Codine</i>
9/5/98	12	A. awake. Voice no 40 D- 90/70-98-70-20 Ancef 7 am IV pB Hung. DSW Patient left forearm. EVO no redness or signs of infiltration. Upper lip swollen & open lesion draining yellowish colored drainage to left side of face. Bites Lip swollen + Pink colored A. Hepatic lesion upper lip. P. observe.			
INMATE NAME (LAST, FIRST, MIDDLE)		Clacker, Delia	DATE OF BIRTH		11/26/54
AGE		44	R/S		WIK
ID#		159516			

PHS0210

PATIENT NOTES / PHYSICIAN ORDERS

DATE		TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
8/17/93	2:30		<p>S - My neck is swollen and my mouth and I been real nauseated.</p> <p>O-B/P 116/70 T-98.9 P-64 R-16</p> <p>Localized swelling noted @ base of jaw on @ side down into neck. Area tender along jaw line @ site of lymph nodes. Swelling and pain started on Sunday night. Was having chills and sweating @ time @ elevated temp. After starting having chills, lip started swelling. Lip noted to be protruding @ infected looking area noted on upper @ side of lip. Also been feeling nauseated but have not vomited. Feeling dizzy as if was going to pass out.</p> <p>A - Screening</p> <p>P - Refer to MD for eval. and treatment.</p> <p>A. Keefe</p>			<p>Codman</p> <p>8/17/93</p> <p>(JC)</p> <p>A - Herpetic lesion upper lip @ Canto Cellulitis - swollen - present lesion</p> <p>P - Admit to A&C</p> <p>Aug 15 fluid: KOR £ 1000cc</p> <p>5% D/W</p> <p>Ancef 1 gm I.V. q 6h</p> <p>Cold Packs - Motrin 800 mgm q 4-6h PRN pain</p> <p><i>[Signature]</i></p>
<p>PHS0211</p>						

PHS0211

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
6/14/93		and arrival admission Accepted TB skin test given, (T.A. Tetra) Tetrix given (1) detux Buller			<i>Cedline</i>
6/22/93		NA PE done per MD. - J. Lewis			
7/8/93		Med. Clear rec. to pop. - J. Lewis			
7/26/93		Am. L. - I have a rash on Rt. shoulder. O - 100/70 - 97 - 80 - 20 Itches and red, round, and flat spots on shoulder. A - Screening. P - Rep. to MD R. Duncanson	7/26/93		HC on 6-5% Bed X #Merrweather Spn 7/26/93
PHS0212					
TUTWILER CORRECTIONAL FACILITY					
INMATE NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		AGE	R/S
Nelson, Cynthia		11/26/54		38	W7
F-41 REVISED 4/88				ID#	1169406

Facility Name: Tutwiler Prison for Women

Month/Year of Charting: 01/06

Mytab Gas 80MG Chew Tab 60.00

Take 2 chew tab(s) by mouth use as directed

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
K																															
q																															

Start Date: 12-05-2005

Prescriber: Englehart, Sam

Stop Date: 01-03-2006

RX #: 250943471

MOM 30cc Po
X 90 daysP
RN

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
S																															
T																															
O																															
P																															

Start Date: 10-05-05

Prescriber: Englehart

Stop Date: 1-05-06

RX #:

Metamucil
KOP

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Metamucil KOP

FJ 12/20 X 180 days

Provera 10mg

+ PO BID

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CA																															

Start Date: 1/10

Prescriber: Englehart

Stop Date: 7/17

RX #:

FJ

X 180 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CA																															

Start Date: 1/19

Prescriber: Englehart

Stop Date: 1/23

RX #:

Zantac 150mg

+ PO BID

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CA																															

Start Date: 1/19

Prescriber: Englehart

Stop Date: 1/23

RX #:

FJ

X 90 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CA																															

Start Date:

Prescriber:

Stop Date:

RX #:

Diagnosis

Nurse's Signature

Initial

Nurse's Signature

Initial

Documentation Codes

Allergies

NICA

Population

Housing Unit:

Patient ID Number: 159516

Patient Name:

Clackler, Debra

PHS0213

Date of Birth:

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication out of Stock
8. Medication Held
9. No Show
10. Other

iaonosis

Allergies

Housing Unit:

Patient ID Number:

Patient Name _____

Nurse's Signature

~~Positive~~

Muro's Signature

4 5 6

[illegible]

1. Discontinued Order
2. Refused
3. Patient out of facility
4. Charted in Error
5. Lock Down
- Self Administered
- Medication out of Stock
- Medication Held
- No Show
10. Other

PHS0214

Date of Birth _____

11/26/54

STD01

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Phenergan 25mg i PO BID PRN X 5 days 9-8-05																													
Provera 10mg i PO qd X 14 days 6AM 9-8-5 9-23-5																													

STD T01

MEDICATIONS

CHARTING FOR

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Physician

THROUGH

Aft. Physician

Telephone No. _____

Medical Record No.

Alt. Telephone

'ergies

Rehabilitative
Potential

Diagnosis

PHS0216

Medicaid Number

Medicare Number

Complete Entries Checked

By:

Title

PATIENT COPY

ROOM NO.

Date: _____

DATE: _____
 DEPT: _____

STD701

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																														
CHARTING FOR 8/12/05 THROUGH 8/31/05																														
Physician														Telephone No.														Medical Record No.		
Alt. Physician														Alt. Telephone																
Allergies														Rehabilitative Potential																
Diagnosis																														
Medicaid Number:														Medicare Number:														Complete Entries Checked:		
PATIENT: Clacker, Debra														By:														Title:	Date:	
														PATIENT CODE 159511														ROOM NO.	BED	FACIL